



STATE OF MARYLAND

# DMMH

**Maryland Department of Health and Mental Hygiene**  
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**

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**August 24, 2007**

## **Public Health & Emergency Preparedness Bulletin: # 2007:33** **Reporting for the week ending 08/18/07 (MMWR Week #33)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

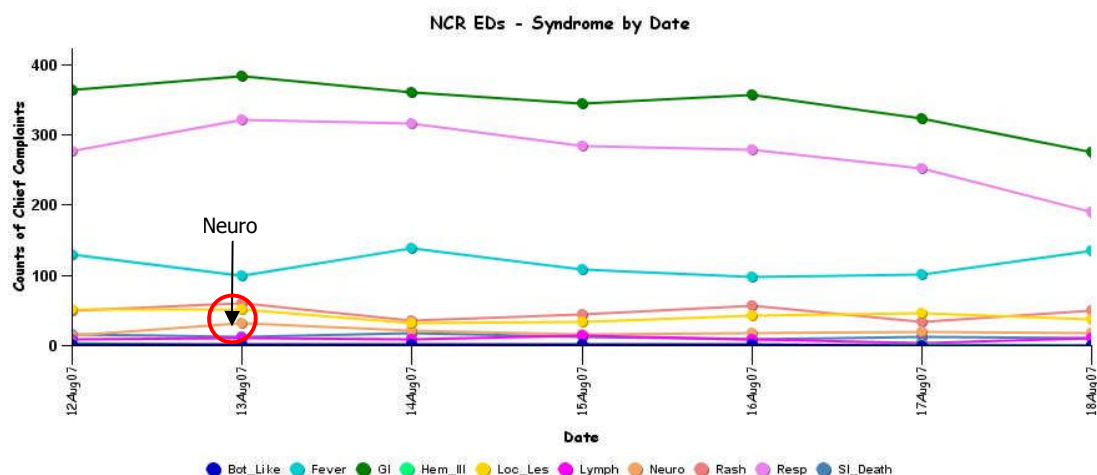
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

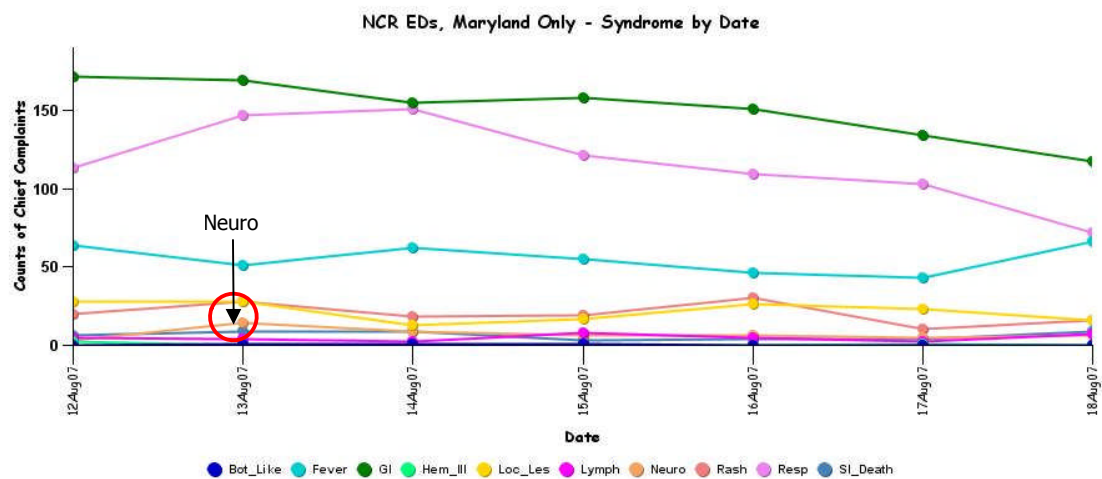
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-base Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

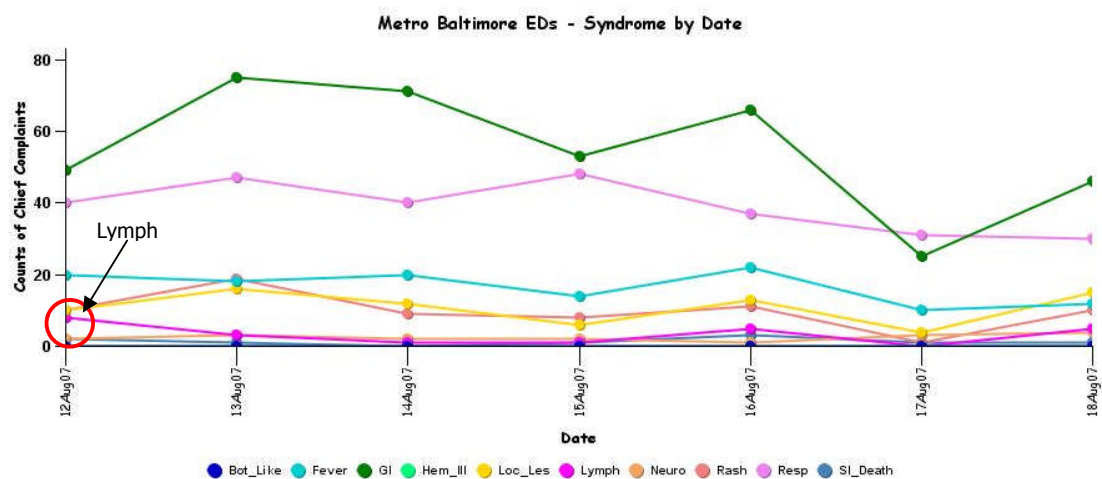
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

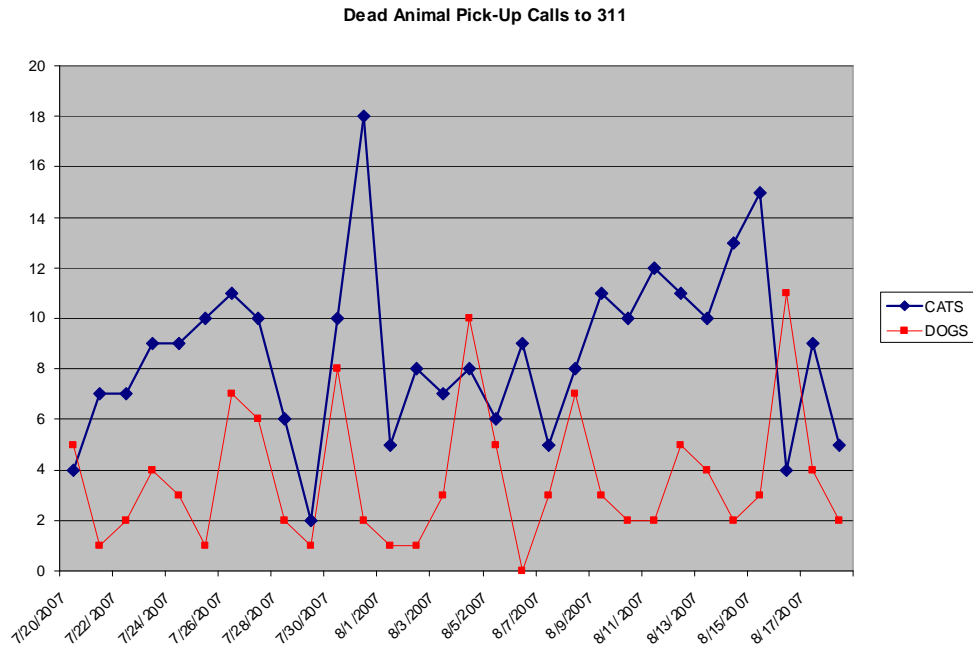


\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



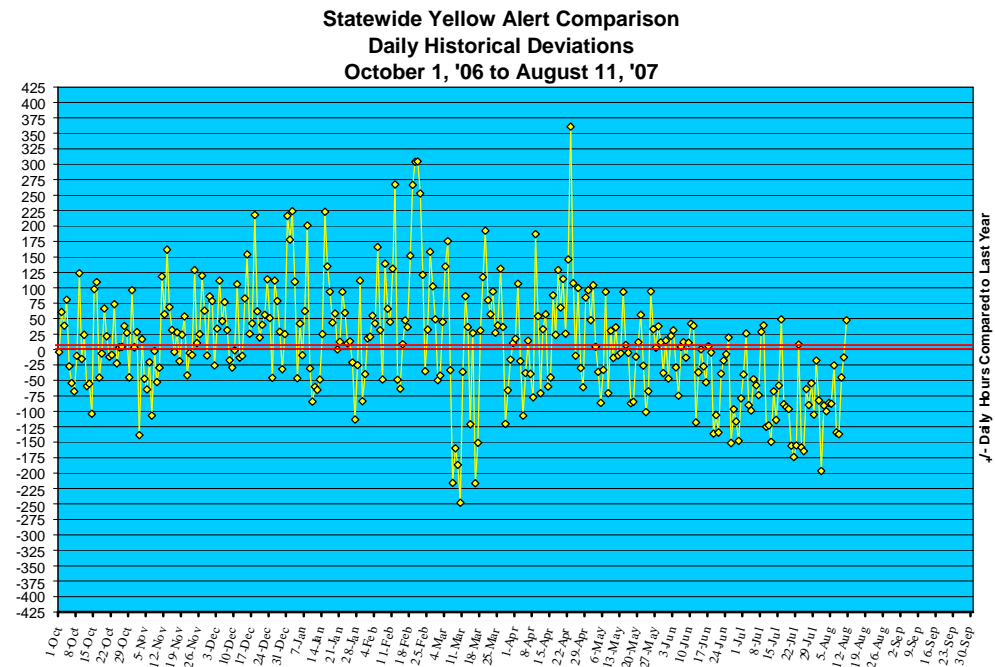
\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.



## **REVIEW OF MORTALITY REPORTS**

**OCME:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2007 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases:	20	0
Prior week:	14	0
Week#33, 2006:	8	1

### **OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 33 (August 12-18, 2007):**

#### **1 Foodborne Gastroenteritis outbreak**

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant (Out of State)

#### **3 Respiratory illness outbreaks**

- 1 outbreak of PNEUMONIA associated with a Nursing Home
- 1 outbreak of PNEUMONIA/AFRD associated with a Nursing Home
- 1 outbreak of PNEUMONIA/AFRD associated with an Institution

#### **1 Rash illness outbreak**

1 outbreak of SCABIES associated with an Assisted Living

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. No cases of influenza were reported to DHMH during MMWR Week 33 (August 12 – 18, 2007).

**\*Please note:** Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:  
<http://bioterrorism.dhmh.state.md.us/flu.htm>

**WHO update:** As of August 16, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 321, of which 194 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 14 Aug 2007, As of Aug 14, the Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 29-year-old female from Bali Province developed symptoms on Aug 3 and was hospitalized on Aug 7. She died on Aug 12. Investigations into the source of her infection

indicate exposure to sick and dead poultry. The case's 5-year-old daughter was sick with a respiratory illness in the days preceding the onset of illness in the confirmed case. The daughter's onset of symptoms was Jul 26; she was hospitalized on Jul 30, but died without suspicion of avian influenza infection on Aug 3 in the district hospital. The child had contact with sick and dead poultry before becoming ill. All of the household and healthcare worker contacts of the confirmed case have been traced. All remain healthy and will continue to be monitored for 10 days after their last contact with the case. Of the 103 cases confirmed to date in Indonesia, 82 have been fatal.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 16 Aug 2007, As of Aug 16, the Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 17-year-old female from Tangerang District, in Banten Province developed symptoms on Aug 9, was hospitalized on Aug 13 and died in hospital on Aug 14. Her source of exposure is currently under investigation. Of the 104 cases confirmed to date in Indonesia, 83 have been fatal.

#### **NATIONAL DISEASE REPORTS:**

**BOTULISM, AVIAN, SUSPECTED (New York):** 12 Aug 2007, Dead birds began showing up around Argyle Lake in Babylon, Long Island, NY about 2 weeks ago. The Suffolk County Society for the Prevention of Cruelty to Animals said that preliminary indications point toward avian botulism, a paralytic disease produced by decaying matter such as old bread, which many people continue to feed the ducks despite warning signs telling them not to. The Department of Environmental Conservation (DEC) has tested one duck brought in by the village and is awaiting results to confirm whether botulism was present. People who frequent Argyle Lake began calling the mayor's office 2 weeks ago and reported seeing as many as 4 dead fowl a day, officials said. Village officials said Argyle Lake has random waterfowl deaths throughout the year, but they have not seen so many in such a short period. While village officials reported 15 dead waterfowl over the past 2.5 weeks, a village worker who regularly removes the dead birds but asked not to be identified said he had counted about 2 dozen. Village officials and park goers said some of the waterfowl that died later were moving around in what looked like a drunken state, while others gasped for air. The speculation that botulism is the cause arose largely from those symptoms. The bacteria that produce the botulism toxin can be found in dead fish or other dead animals or old bread. Birds typically are paralyzed, causing them to drown. The chances of humans contracting the disease are slim, according to the DEC. Officials said certain environmental conditions, such as intense heat and lowered water levels, also increase bacteria. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**PLAGUE, WILDLIFE (Arizona):** 12 Aug 2007, Health officials in Coconino County, AZ, say they've found bubonic plague in wild animals in a Flagstaff suburb. They're warning people to avoid contact with wild animals and to treat their pets for fleas. A pair of prairie dogs was found dead last month in Doney Park, north east of the city. A lab at Northern Arizona University confirmed the presence of the disease after testing fleas found in the animals' burrows. Plague is transmitted by fleas from infected animals. County environmental specialist Hugh Murray says plague is ever-present in the Flagstaff area. No human cases of the disease have been reported in the county since 1996. (Plague is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**VIBRIO PARAHAEOLYTICUS, OYSTERS (Washington):** 13 Aug 2007, The FDA is warning consumers not to eat raw oysters harvested from an area of the southern tip of Hood Canal Mason County in Washington after an outbreak of illness caused by *Vibrio parahaemolyticus*. Symptoms of vibriosis include watery diarrhea, often with abdominal cramping, nausea, vomiting, fever, and chills. Usually these symptoms occur within 24 hours of ingestion and last no more than 3 days. Severe disease is rare and occurs most commonly in people with weakened immune systems. Those who believe they have experienced these symptoms after consuming raw oysters should consult their health care provider and contact their local health department. Raw oysters harvested from "growing area 6" in Hood Canal from Jul 3 and after, have caused at least 6 people to become ill in California and Washington. Additional reports of illness are being investigated by the states. To date, records indicate that raw oysters from the area were distributed to California, Florida, Hawaii, Idaho, New York, Oregon, Washington, British Columbia, Hong Kong, Malaysia, and Singapore. The Washington State Department of Health has closed the growing area associated with the illness and has asked commercial oyster harvesters and dealers who obtained oysters from this area to recall them. Consumers who have recently purchased oysters should check with the place of purchase and ask if they were harvested from the affected growing area. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS, SEROTYPE SCHWARZENGRUND, PET OWNERS (Pennsylvania):** 13 Aug 2007, Human cases of a rare type of salmonellosis have caused the Pennsylvania Department of Health to issue a warning to pet owners. The health department says 21 cases of the illness in Pennsylvania residents might be linked to dry dog food and advises using safe buying and handling practices. The illness being investigated by the health department is caused by an uncommon strain called Schwarzengrund. Most of the infections occurred in households with pets or where people are in close contact with pets, but there is no evidence any human consumed pet food. "While the department is working very closely with federal investigators to identify a specific cause and source for these illnesses, it is important that pet owners understand and follow steps to prevent salmonella infection from occurring," state Health Secretary Dr. Calvin B. Johnson said. Many of the salmonella cases linked to the strain have occurred in infants and young children, who are particularly vulnerable to infection. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**BOTULISM, UNEVISERATED FISH (Nationwide):** 13 Aug 2007, Future International Inc. of Rahway, NJ, is recalling packages of dried "vobla" because the fish could be contaminated with *Clostridium botulinum*, which causes botulism, a potentially fatal form of food poisoning. No illnesses have been reported to date, according to the company. The recalled dried vobla was distributed nationwide with the code No. 07/05/07. Consumers should return the product to place of purchase for a full refund. For more information, consumers can call the company at 732-388-6898. In addition, New York State warned consumers not to eat "Blue Ocean Brand Smoked Mackerel" sold by U Mart Supermarket, 56-02 31st Ave, Woodside, because the product was processed uneviscerated. The "Blue Ocean Brand Smoked Mackerel" were sold at the Woodside store. The product was offered for sale frozen, in an un-coded, wrapped foam tray. The product is distributed by Everlasting Distributors, Inc., Bayonne, NJ. The sale of this type of fish is prohibited under New York State Department of Agriculture and Markets regulations because *Clostridium botulinum* spores are more likely to be concentrated in the viscera than any other portion of the fish. Uneviscerated processed fish has been linked to outbreaks of botulism poisoning. No illnesses have been reported to date in connection with the product. Consumers who have this product are advised not to eat it. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, LABORATORY EXPOSURE (Mississippi):** 14 Aug 2007, A graduate student at Jackson's University Medical Center had to be treated for anthrax exposure over the weekend (Aug 11-12). The student was putting a flask of anthrax cells into a shaker when the shaker broke, hospital officials said. According to University Medical Center, the student followed all biosafety rules, and the CDC was notified. The graduate student was treated as a precaution and sent home. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**BOTULISM, CANNED FISH (New York):** 15 Aug 2007, The American Food and Drug Administration (FDA) announced the recall of "7 Uzlov" brand herring because of possible botulism contamination. The FDA said Krasniy Oktyabr Inc. of New York initiated the recall after determining packages of herring of the Special Ambassador "7 Uzlov" might be contaminated with *Clostridium botulinum*, which can cause a potentially fatal foodborne illness. The recalled herring was distributed to retail stores in New York City in metal round containers bearing UPC code: 4-60556-000153. It is a product of Russia. Consumers with questions can contact the company at 718-858-6720. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**FOODBORNE ILLNESS, DETENTION CENTER (Washington):** 16 Aug 2007, About 300 immigrants being held at the Northwest Detention Center in Tacoma, WA spent the early part of this week recovering from suspected food poisoning. Tacoma-Pierce County Health Department officials said they were contacted on Aug 11, after about 180 detainees were treated for diarrhea, nausea and vomiting at the detention center clinic. The immigrants had been served 3 meals that day that included hamburger-potato casserole for lunch and beef sausage and coleslaw for dinner. Most began showing symptoms late Aug 11, Department of Homeland Security spokeswoman Lorie Dankers said, adding that detention center staff, who sometimes eat there, also got ill. Joby Winans, public health-information officer, said Tacoma-Pierce County health officials were at the detention center on Aug 12-14 to try to determine what made so many people sick. By Aug 14, most people appeared to have recovered. The facility must adhere to strict national standards for food preparation, and a licensed, trained chef oversees the preparations. "We serve 1000 people 3 hot meals a day," Dankers said. The Department of Homeland Security contracts with The GEO Group, a national detention management company, to run the detention center, which opened in April 2004. It primarily houses immigrants from Washington, Oregon and Alaska facing deportation, although more recently it also has held people brought in from elsewhere. Health officials have been at the center all week looking at how food is prepared and interviewing those who got sick about what they ate and making comparisons to those who didn't become ill. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX, HUMAN, BOVINE, CANINE (Kyrgyzstan)** 13 Aug 2007, Two cases of anthrax have been reported in the Soluksky district of the Chuysk region of Kyrgyzstan, according to the Republican Center of Quarantine and Especially Dangerous Infections. On Aug 7, 2 inhabitants of the village of Gavrilovka, a married couple - a 43-year-old man and a 51-year-old woman - were admitted to the Republican infectious hospital with suspicion of anthrax. In connection with this case, experts of the Republican Center Quarantine and Especially Dangerous Infections, Republican Clinical Infectious Diseases Hospital together with the Department of Veterinary Science have carried out the joint investigation. Experts visited a focus of infection and established that people had contracted the disease on Jul 29 through the slaughter of a sick cow. The first symptoms of disease, high temperature, ulcers on the hands and forearms, appeared on Aug 5. After that, they were given medical aid and were hospitalized. Now anthrax in these patients has been laboratory confirmed. It has been discovered that the man had entertained his neighbors and relatives with gifts of meat. On suspicion of anthrax, 3 more inhabitants of the village of Gavrilovka have been hospitalized in the infectious department of Sokulsky district regional hospital for diagnosis and the carrying out of inspections. Also, an urgent session of all interested organizations was held on Aug 8. A plan of measures for prevention of disease has been authorized by the commission. Quarantine-restrictive measures established in Gavrilovka are as follows: import and export of animals and cattle-breeding production is forbidden; enforcement of these restrictions in the local markets is being amplified. The remaining meat was withdrawn in the center of an infection. Tests of ground and water are ongoing. Some of meat from the sick cow made its way to a

shop in the Osh market in Bishkek. At present, an investigation is underway there. The shop has been closed. Another portion of the meat the man had given to his mother. Physicians have now found and destroyed this portion. All contact persons who were taking part in the slaughter and butchering of the cow have received preventive treatment. Preventive measures in all markets of Bishkek selling meat and involved in animal production have been enforced. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**NOROVIRUS, HOTEL (Dominican Republic)** 14 Aug 2007, The Vice-president of the Dominican National Hotels and Restaurants Association (ASONAHORES) says that the case of the food poisoning outbreak that affected more than 200 British tourists at a resort in Gaspar Hernandez will not affect the flow of foreign visitors to the country, after learning that the situation was under control. Arturo Villanueva said that the Dominican health and tourism authorities "have been taking absolute control, as requested by the international authorities. The hotelier said that the owners of Hotel Bahia Principe had followed all the requirements, to the extent that they had closed down the resort to new arrivals. Provincial governor Cesar Jose de los Santos commented that what had happened in the hotel would not affect the image of other hotels in the region. The infection is believed to have been caused by a norovirus, which is low risk and can strike anywhere in the world, usually in cooler non-tropical climates, and it is believed, therefore, that it was brought over by one of the hotel guests. Health ministry official, Dr. Nelson Rodriguez, said that people traveling to this part of the country should be aware of the problem, taking the necessary precautions to prevent infection. This information was delivered during a teleconference with health representatives from the United States, Great Britain, Canada, and France. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157, SLICED MEAT SUSPECTED (Scotland):** 14 Aug 2007, A 66-year-old woman has died and 2 others are seriously ill in hospital after an outbreak of E. coli that may be linked to cold meat bought from a supermarket. A total of 7 people have contracted E. coli O157 in Paisley, outside Glasgow. Health officials said on Aug 14 that early inquiries suggested that the outbreak could have come from meat bought at 2 supermarkets belonging to the Morrisons chain in the town. Members of the public have been warned not to eat sliced cold meat purchased from the stores over the past few weeks and to contact their doctor if they feel ill. The first outbreaks of the infection, involving 2 separate families, were identified on Aug 10. Early on Aug 13, one of the first affected, a 66-year-old disabled woman, died at the Royal Alexandra Hospital in Paisley. Her 72-year-old husband and a 71-year-old woman are still seriously ill in the hospital. The outbreak is thought to have affected 2 unrelated families and another 2 individuals. Dr Syed Ahmed, head of the outbreak control team at National Health Service Greater Glasgow and Clyde, said: "While there is no conclusive evidence yet, initial investigations have indicated that there may possibly be a link to the consumption of some sliced cold meats bought locally from the delicatessen counters of 2 Morrisons supermarkets in Paisley. Morrisons said in a statement that it was working closely with the authorities but had as a precautionary measure withdrawn sliced cold meat products from sale at the delicatessen counters of the 2 stores. No other stores or products are thought to be involved in the investigation. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS, CHICKEN, REFUGEE CAMP (Jordan):** 14 Aug 2007, Nearly 200 people were treated for food poisoning in Jordan, after eating salmonella-tainted chicken sandwiches from a fast food restaurant in a Palestinian camp, officials said Aug 12. Minister of public sector development Mohammed Zuneibat told the state-run Petra news agency that the government had opened an investigation after 176 people were stricken from eating chicken shawarma sandwiches on Aug 11. "The chicken used to make the shawarma sandwich was not cooked properly, and contained salmonella," Zuneibat said. The restaurant in the Baqaa camp just north of Amman, Zuneibat said, had passed inspections on 4 separate occasions in July 2007. In 2006, hundreds of Jordanians were treated for food poisoning after eating shawarma sandwiches, prompting the authorities to crack down on fast food restaurants. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**FOODBORNE ILLNESS, RECREATION CENTER (Russia):** 15 Aug 2007, A total of 119 people have been hospitalized in a mass poisoning incident at the Lesnaya Skazka children's recreation center in the Novgorod region, officials said Aug 15. There are also adults among the patients. "24 of them are in medium grave conditions, 18 in satisfactory condition, and another 77, though pronounced healthy, remain under medical supervision. There is no threat to their life," it was added. The report on the mass poisoning came in on Aug 14. There were 124 people at the recreation center at the time. Experts believe that a food poisoning of bacteriological etiology occurred. On that day, children ate yogurt and stewed fruit, and the latter might have caused the affliction. The source of the disease will be found anyway, as all food samples have been sent to Veliky Novgorod for analysis. Representatives of the consumer health watchdog and others have already been to the recreation center on a fact-finding mission. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (India):** 16 Aug 2007, Scores of people suffering with the crippling fever chikungunya have been reported from West Bengal's North 24 Pargana District. Of the 36 samples that were earlier sent to the Indian Council for Medical Research, 21 have tested positive. Chikungunya virus spreads through mosquito bite and causes a usually non-fatal self-limiting illness marked by high fever, headache, severe joint pain, rashes and nausea. Health officials are working overtime in the region to provide assistance and curb the spread of disease. Medical camps have been set up, and health workers are taking precautionary measures like spraying disinfectants in villages. Health workers are also carrying out door-to-door visits to keep a check on patients. "Our health staff and doctors are visiting houses and identifying the cases, and, accordingly, we are giving priority in treating the patients," said Kusum Kumar Adhikari, Health Officer. The outbreak has caused an alarm in the region. Like dengue, another mosquito borne disease, there is no

vaccine for chikungunya, and at best, symptoms can be countered through painkillers, intake of plenty of fluids and lots of rest. Chikungunya, first reported in India in Kerala in 2000, has taken a toll of several hundred lives. Thousands were admitted to hospitals across the State since May this year following the southwestern monsoon. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

\*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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